



# Driver Application for Employment

## FOR CUSTOMER USE ONLY

Customer Name B

Address \_\_\_\_\_

**Note to Applicant:** Please advise us in advance if you need any type of special accommodation to complete this application form or to take any pre-employment test.

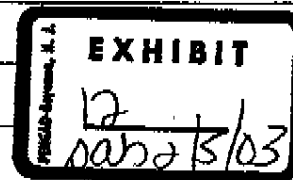
\*Qualified applicants are considered for all positions without regard to age, sex, race, color, religion, national origin, sexual orientation, disability, marital, or veteran status.

**Instructions:** Please type or print in black ink. Be sure to answer all questions. If any question does not apply to you, answer with "No" or "Not Applicable" (N/A).

Date 9/28/00

Position Applied for <u>DELIVERY DRIVER</u>		Minimum Salary Requirement <u>\$50 HR</u>	
Who referred you company?	<input type="radio"/> Mail in <input type="radio"/> Advertisement <input type="radio"/> Employment Agency <input type="radio"/> College Recruiting <input type="radio"/> State Agency <input type="radio"/> Other	<input type="radio"/> Walk in <input checked="" type="radio"/> Employee Referral - Name <u>ALLAN ROSEN</u>	
Have you ever worked for this company?	Where?	When?	
<input type="radio"/> Yes <input checked="" type="radio"/> No			
Have you ever applied with this company?	Where?	When?	
<input type="radio"/> Yes <input checked="" type="radio"/> No			
On what date will you be available if your application for employment is accepted?	Would you accept employment in another city?	Preference	
<u>10/2/00</u>	<input type="radio"/> Yes <input checked="" type="radio"/> No		

General Information				
Last Name	First	Middle	Social Security Number	
<u>MARTIN</u>	<u>BEN</u>	<u>J</u>	<u>560 57 5177</u>	
Present Address	City	State	Zip Code	How long?
<u>526 OVERLYS GROVE RD NEW HOLLAND PA</u>			<u>17557</u>	<u>3 YRS.</u>
Previous Address (Last 3 Years)	City	State	Zip Code	How long?
<u>1611 C MAIN ST. GOODVILLE PA</u>				<u>11 Mos.</u>
Previous Address (Last 3 Years)	City	State	Zip Code	How long?
<u>46 S. KINZER AVE. NEW HOLLAND PA</u>			<u>17557</u>	<u>1 YR.</u>
Telephone Number and Area Code			Date of Birth	
Home <u>(717) 355-2289</u> Work <u>(717) 355-2289</u>			<u>9-8-72</u>	
Are you prevented from becoming lawfully employed in the U.S. because of your visa or immigration status?				
<input type="radio"/> Yes <input checked="" type="radio"/> No				
Have you ever been fired or asked to resign by an employer?		If yes, please explain.		
<input type="radio"/> Yes <input checked="" type="radio"/> No				
Have you ever been convicted of a felony? (Note: A felony conviction is not an absolute bar to employment)		If yes, please explain.		
<input type="radio"/> Yes <input checked="" type="radio"/> No				
Name of Person to be Notified in Case of Emergency			Telephone Number and Area Code	
<u>ANN MARTIN</u>			<u>(717) 355-2289</u>	



Government regulations require that we verify your identity and employment authorization (Form I-9) within three (3) working days of your date of hire. Please be prepared to submit proper documentation.

## Employment History

All employment for the previous 10 years must be covered below, including jobs held while in school or in the military. Record your present or last position first and list back in chronological order. Be sure to complete all questions for each job. Ask for an additional form if necessary. Please explain all periods of unemployment.

Name and Address of Employer	Dates Employed (Month/Year)	Position(s) Held and Duties Performed	Salary	Why did you leave?	Name, Title, and Phone Number (if Accessible) of Supervisor
1 CLOUSE TRUCKING 3635 DUTCHMAN EAST EXPL PA	From 12/99 To 9/00	PICKUP & DEL. OF MILK	Starting 300.350/ WEEK Leaving SAME	NO CHANGE FOR ADVANCEMENT	WAYNE HOCK 354 2875
2 NEEPLAN USA 5051 HORSESHOE PIKE HONEYBROOK, PA	From 11/98 To 12/99	PARTS ORDERING MAINTENANCE OF STOCK	Starting 7.00/Hr Leaving 9.25/Hr	POOR WORK ENVIRONMENT	DIANA WEAVER DICK LAMMEY
3 UNITED SUEFFORD 8 IND. CIRCLE LEOLA	From 11/97 To 11/98	WAREHOUSE SHIPPING/RECEIVING	Starting 6.00/Hr Leaving 9.25/Hr	UNIONIZING DIDN'T AGREE W/DIRECTION OF COMPANY	SEAN PIER DAVE MARBLE
4 SAME AS #1	From 8/97 To 11/97	FLEET MAINTENANCE	Starting 7.00/Hr Leaving 8.00/Hr	SAME AS #1	SAME AS #1
SUEFF. EMPLOYED	From 4/97 To 8/97	LANDSCAPING	Starting Leaving	DROUGHT	
SAME AS #1	From 2/96 To 4/97	SAME AS #1	Starting 6.00/Hr Leaving 6.50/Hr	SAME AS #1	SAME AS #1

## Education

Circle highest grade completed: 1 2 3 4 5 6 7 8

High School: 1 2 3 4 College: 1 2 3 4

Name and Address of Last School Attended

ARDEA SPOT HIGH SCHOOL NEW HOLLAND PA

Operator's License Number	State	Type	Expiration Date
22-903-628	PA	CLASS A	9-9-09

A. Have you ever been denied a license, permit, or privilege to operate a motor vehicle?  
☐ Yes ☒ No

B. Has any license, permit, or privilege ever been suspended or revoked?  
☐ Yes ☒ No POINTS VIOLATION

C. Have you ever been disqualified subject to Section 391 of the Federal Motor Carrier Safety Regulations?  
☐ Yes ☒ No

If the answer to either A, B, or C is yes, attach statement giving details.

## Driver Experience

Class of Equipment	Dates		Have You Ever Driven in:	How Long	Miles Operated
	From	To			
Straight Truck	4/00	9/00	<input checked="" type="radio"/> Rain <input type="radio"/> Fog <input type="radio"/> Snow <input type="radio"/> Ice		100+
Tractor and Semi-Trailer	4/00	9/00	<input checked="" type="radio"/> Rain <input type="radio"/> Fog <input type="radio"/> Snow <input type="radio"/> Ice		100+
Tractor - Two Trailers			<input type="radio"/> Rain <input type="radio"/> Fog <input type="radio"/> Snow <input type="radio"/> Ice		
Truck	4/00	9/00	<input checked="" type="radio"/> Rain <input type="radio"/> Fog <input type="radio"/> Snow <input type="radio"/> Ice		100+
Auto Carrier			<input type="radio"/> Rain <input type="radio"/> Fog <input type="radio"/> Snow <input type="radio"/> Ice		
Refrigerated Equipment					
Other			<input type="radio"/> Rain <input type="radio"/> Fog <input type="radio"/> Snow <input type="radio"/> Ice		

List geographic areas operated in for last five years.  
 PENNSYLVANIA, NEW JERSEY, MARYLAND

Show special courses or training that will help you as a driver.

Which safe driving awards do you hold and from whom?

## Failure to disclose information may result in termination.

Accident Review for the Past 3 Years (Attach sheet if more space is needed.)

Date	Nature of Accident (Head-on, Rear-end, Upset, Etc.)	Fatalities	Injuries
Last Accident 7/19/00	SIDE IMPACT	0	1
Next Previous			
Previous			
Next Previous			
Next Previous			
Next Previous			

## Failure to disclose information may result in termination.

Traffic Convictions and Forfeitures for the Past Three Years (Other Than Parking Violations)

Location:	Date	Charge	Penalty
SHOOTVILLE, PA	7/19/00	TO FIRST FOR CONDITIONS	FINE + 2 PTS CA LICENSE

## Activities, Additional Information, and Comments

List present and past membership in civic, professional, social, or other organizations, sports, hobbies and other interests.\*

\*Exclude those which indicate race, color, sex, age, national origin, disability, religious preference, or marital status.

## Applicant's Statement

I understand that the Fair Credit Reporting Act, Public Law 91-508, requires that I be advised that routine inquiry may be made during the Company's initial or subsequent processing which will provide applicable information concerning character and general reputation. I also understand that upon written request, additional information as to the nature and scope of the inquiry, if one is made, will be provided to me. I also understand that I am entitled to a free copy of the written report generated by the inquiry, if one is made.

I authorize the Company and its representatives to inquire of all former employers or others who know me or know of me. It is agreed and understood that the Company and its agents may conduct background evaluations to ascertain any and all information of concern, whether same is of record or not, and I release all employers and persons named herein from all liability for any damages on account of their furnishing such information. Prior employers will be contacted for purposes of investigation as required by 391.23 of the Federal Motor Carrier Safety Regulations.

(Massachusetts only) - It is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liability.

I certify that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge. I further certify that all entries on and information in any subsequently executed medical questionnaire are true and correct to the best of my knowledge, and that I have read, understand, and agree to the above. I understand that any false information which I give may result in termination of my candidacy or any subsequent employment.

Applicant's Signature



Date

9/28/00